LONG-TERM CARE OMBUDSMAN PROGRAM
VOLUNTEER APPLICATION
**Send to: LTC Ombudsman Program
County of San Diego
PO Box 23217
San Diego, CA 92193**

Name _____ **DOB**_____

Address _____

City _____ **ZIP**_____

Home phone _____ **Cell phone** _____

E-mail address _____

Emergency Contact: _____**Relationship**_____

Emergency Contact Phone: _____

Please tell us how you first learned about volunteering with the LTCO program:

___Newspaper ___Poster __Brochure __Radio __LTCO staff __LTCO volunteer ____Other: _____

Are you willing and able to make a **one year** commitment to volunteering?   __Yes __No

Are you able to commit an average of **20** hours a month volunteering?   __Yes __No

Please list the days and times you are available:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

List any previous volunteer experience that you have had:

Name of Organization	Length of Volunteer Service	Position/What you did:

Please list employment history:

Employer	Length of Employment/Dates	Position/What you did:

Please check your highest level of education:

___Grade School ___High School ___Technical Training/Some College __College Degree ___Graduate Degree

Are you able to speak any other languages? If so, please list:_____

Are you willing to volunteer within a **10-20 mile radius** of your home zip code? __ Yes __No
Are you willing to volunteer **20+ miles outside** of your home zip code?   __ Yes __No

Have you had experience with a Skilled Nursing Facility or a Residential Care Facility for the Elderly?

 __Yes __No   If yes, please explain: _____

Do you have relatives or friends closely connected with a nursing home or residential care facility?

 __Yes __No   If yes, please explain: _____

Have you ever been convicted, placed on parole/probation or been given a suspended sentence in court?

 __Yes __No   If yes, please explain: _____

Please list two references we may contact.

Name: _____ Phone:_____
Relationship to you: _____

Name: _____ Phone:_____
Relationship to you: _____

- **All applicants wishing to volunteer with the Long-Term Care Ombudsman Program must pass a criminal background and medical screening.**

- **Volunteers must have access to reliable transportation. When using a personal vehicle for work assignments, you must have proof of a valid CA driver's license and adequate auto insurance.**

- **Volunteers with the Long-Term Care Ombudsman Program may not have been employed by a long-term care facility within 12 months prior to certification.**

_____   _____
                  Signature   Date